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ABSTRACT

Project TIE (Teams in Early Intervention) was conceptualized to meet the need for: (1) involvement of formerly "ancillary" service professionals in early intervention for children with disabilities, (2) high quality family-centered services, and (3) training in the team approach. The project provides training to four groups that might constitute an early intervention team--speech/language pathologists, motor therapists, health care professionals, and family members. This training module on occupational therapy and physical therapy outlines reasons for consulting with occupational/physical therapists (OT/PTs) as members of the interdisciplinary team; explores areas of information that should be shared between OT/PTs and health care professionals, speech/language pathologists, and family members; discusses what health care professionals can expect from an ongoing collaboration with an occupational/physical therapist; offers a mechanism for determining what other team members want from OT/PTs; and examines how OT/PTs' expertise can be applied to the Performance Competence Model to understand how children interact with their environment. Three overheads and handouts are appended. (JDD)

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ED 379 898

TEAMS IN EARLY INTERVENTION

Occupational/Physical Therapy Module

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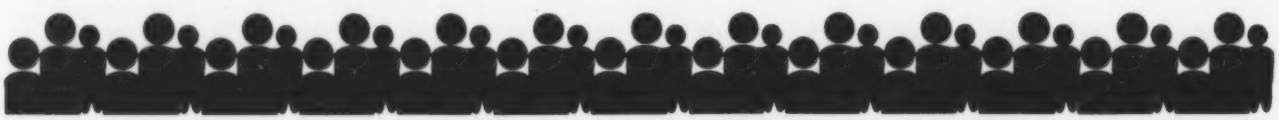

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OT/PT Module

Part 2: Pathways to Teaming

I. REASONS FOR CONSULTING WITH OCCUPATIONAL/PHYSICAL THERAPISTS (OT/PT)

CONTENT SUMMARY: An OT/PT might be accessed for concerns regarding sensorimotor issues (sensory processing, motor function, and sensorimotor behavior). Sensorimotor functions relate to or have an impact on development in terms of the child interacting with the environment (learning, behavior, moving, communicating).

GOAL: Participants will develop an awareness of sensorimotor development as it relates to performance areas.

A. Movement and Sensory Concerns

A series of slides could be shown here to depict typical and atypical sensorimotor development related to the following concerns:

1. Movement concerns
    a. Motor skill development
    b. Motor quality
2. Muscle and nerve function
3. Orthopedic considerations
4. Performance of play, self-help skills, and activities of daily living skills (ADL)
5. Sensory loss from nerve damage
6. Sensory processing/sensory integration issues
    a. "Difficult" babies
    b. Sleep concerns
    c. Avoidance of or negative reaction to typical sensory motor events

d. Seeks an unusual amount/type of sensory and/or sensory motor experiences

e. Decreased awareness and/or slow processing of sensory stimuli and/or pain

f. Unusual activity level(s)—too high and/or too low for the current situation

g. Behavioral concerns

B. Purpose of the OT/PT Assessment

An assessment is designed to answer the following questions related to sensory and motor function.

1. Motor function

a. What skills can the child do or not do? Is there any delay?

b. How does the child perform those skills? What kind of quality is present? Is there any disorder?

c. Why might the child be doing things that way?

2. Sensory processing/integration function

a. What types of sensorimotor experiences does the child prefer or avoid?

b. How does the child use them to act <u>on</u> and <u>in</u> the environment?

c. Why might the child be responding that way?

C. Problems in These Areas

1. Sensory integrative dysfunction/disorder

   a. Sensorimotor integration dysfunction/ disorder

   b. Visual/motor integration dysfunction

   c. Developmental dyspraxia/apraxia

   d. Sensory defensiveness

   e. Sensory processing disorder

      1) poor registration

      2) poor modulation of sensory input

      3) poor sensory integration

2. Motor delay (delay in the development of quality and quantity of age appropriate oral, visual, fine and gross motor skills)

3. Motor disorder

   a. Central nervous system dysfunction

   b. Neuromotor dysfunction

   c. Motor disability

4. Sensorimotor issues may also be relevant in specific medical diagnoses including:

   a. Cerebral Palsy

      1) types: spastic, athetoid, ataxic, hypotonic, mixed

2) distribution: hemiplegia, diplegia, quadraplegia

b Myelomeningocele/Spina Bifida

c. Muscular Dystrophy, Spinal Muscular Atrophy

d. Others (hyperactivity, orthopedic problems, seizure disorders, autism)

e. Developmental disabilities

II. RELATIONSHIPS WITH HEALTH CARE PROFESSIONALS (HCP)

CONTENT SUMMARY: The OT/PT will need ongoing interactions with the HCP to consider all aspects of a child's performance. Specific areas of information to be shared might include: explanation of medical diagnoses, medical findings, pertinent issues regarding medications, contraindications for treatment procedures and modalities, relevant family information, and the HCP concerns regarding the child's sensorimotor performance.

GOAL: Participants will better understand the connections between typical and atypical sensory motor development. Through discussions, participants will identify some common and related frameworks and vocabulary for communicating effectively about children.

A. Impact of Verbal Explanation of Medical Diagnoses and Pathophysiology on Sensorimotor Development and/or Function

1. Verbal and referral to resource materials

2. Precautions for specific treatment strategies

a. Positioning

b. Movement

c. Weight bearing

3. Collaboration on medications, surgeries, etc. relevant to sensorimotor function

B. Information Regarding Prognosis of Medical Condition(s).

1. Temporary dysfunction, eg. Guillian-Barre

2. Progress expected in condition, eg. ADD/ ADHD, peripheral nerve damage

3. Static dysfunction, eg. brain injury

4. Degenerative disease, eg. Muscular Dystrophy

C. Information/Explanation Regarding Medical Findings Relevant to Sensory Motor Function

1. Location of damage/dysfunction

2. Implications for overall function

3. Indications for treatment (medical or therapy)

D. Pertinent Nutritional Concerns

1. Growth

2. Ingestion, digestion, elimination

3. Allergies

E. Expected Effects and Possible Side Effects of Medication

1. As it relates to sensorimotor function, learning, and behavior

2. Things to watch for related to expected outcomes and effective dosage

3. Collaboration to achieve overall increase in child's performance

F. Therapeutic Considerations, Including Surgery and Implications

1. Collaboration regarding treatment possibilities
2. Pre & post operation strategies
3. Coordination/review of interventions

G. Family Information

1. Relevant family circumstances (role of child in the family)
2. Expectations of child's performance
3. Beliefs and values regarding sensorimotor development
4. Expectations of intervention

H. Concerns Regarding the Child's Sensorimotor Performance

1. Where does the child perform best/where does the child have the most difficulty?
2. What does the child do best/what is most difficult?
3. What facilitates/inhibits the child's performance?

III. RELATIONSHIPS WITH SPEECH/LANGUAGE PATHOLOGISTS (SLP)

CONTENT SUMMARY: The OT/PT will need ongoing interactions with the SLP in order to consider all aspects of a child's performance. Specific areas of information to be shared might include: oral-motor, sensorimotor related communication skills, respiratory, postural and motor support for communication, best means of communicating with the child, related SLP assessment information, relevant family information, and SLP's concerns regarding the child's sensorimotor performance.

GOAL: Participants will better understand the connections between typical and atypical sensory motor development and the development of communication. Through discussion, participants will identify some common and related frameworks and vocabulary for communicating effectively about children.

A. How the Child's Communication Skills May Have An Impact on Sensorimotor Development, Function, and Performance

1. Auditory processing
2. Hearing
3. Following directions and problem solving
4. Oral motor skills/sensitivities/eating
5. Play skills
6. How to give instructions
7. Auditory screening
8. Culturally related language
9. Social interaction skills

10. Non verbal communication skills

11. Developmental speech/language levels

B. Information Regarding Best Means of Communication with the Child

1. Sign language/gestures/nonverbal communication

2. Simplifying language

3. Auditory processing/time

4. Touch/visual cues

5. Communication board

6. Giving instructions

7. Auditory screening (figure ground)

8. Culturally related language

C. Information/Explanation Regarding SLP Assessment

1. Oral motor

2. Feeding

3. Respiratory support

4. Praxis

5. Social and cognitive foundations for language

6. Play

7. Developmental level

D. Family Information

1. Relevant family circumstances (role of child in the family)
2. Expectations of child's performance
3. Beliefs and values regarding sensorimotor development
4. Expectations of intervention
5. Play preferences and skills
6. Social relationships and skills

E. Concerns Regarding the Child's Sensorimotor Performance

1. Where does the child perform best/where does the child have the most difficulty?
2. What does the child do best/what is most difficult?
3. What facilitates/inhibits the child's performance?

IV. RELATIONSHIPS WITH FAMILY MEMBERS

CONTENT SUMMARY: The OT/PT will need ongoing interactions with the family in order to consider all aspects of a child's performance. Specific areas of information to be shared might include: family concerns, relevant family history, and performance expectations across environments.

GOAL: Participants will better understand the connections between typical and atypical sensory motor development and development in other areas. Through discussion, participants will increase their understanding of the terminology used by therapists to describe sensory motor behavior.

A. Situations/Contexts in Which the Child Participates (e.g., home, day care, preschool)

   1. Role child plays in the family
   2. Play preferences and skills
   3. Social relationships

B. Functional Abilities Expected of the Child Throughout theDay

   1. Mobility requirements
   2. Motor skill requirements
   3. Activities of daily living requirements

C. Family Information

   1. Relevant family circumstances
   2. Expectations of child's performance

3. Beliefs and values regarding sensorimotor skills

4. Expectations of intervention

D. Concerns Regarding the Child's Sensorimotor Performance

1. Where does the child perform best/where does the child have the most difficulty?

2. What does the child do best/what is most difficult?

3. What helps the child do his/her best. What prevents the child from doing his/her best?

4. Play preferences and skills

5. Social relationships and skills

E. Expectations of Intervention

1. Information about assessments and what they mean

2. Treatment options (e.g. home programs, direct treatment—individual/group, consultation, other referrals)

3. Adaptive equipment

4. Intensity, frequency, duration. and cost

V. WHAT HCPs CAN EXPECT FROM AN ONGOING COLLABORATION WITH AN OT/PT

CONTENT SUMMARY: The OT/PT can provide specific information about sensory motor development, implications of specific diagnoses, therapeutic approaches, assessment/reassessment, treatment, referrals to other providers, and advocacy/support for families. A discussion format can be used to address these areas.

GOAL: To provide participants with information about what
the OT/PT can contribute to the therapists/families' understanding of the child's strengths/needs and to help them acquire specific information about sensory motor development and possibilities for intervention.

A. Information

1. Sensorimotor development
2. Sensorimotor implications of specific diagnoses
3. Resources
4. OT and PT similarities/differences
5. Therapy approaches

For SLP add:

6. Sensorimotor activities to promote communication
7. Positioning to promote use of augmentative communication devices
8. Combined intervention

B. Continual Reassessment of the Child's Needs and Progress

1. Document changes in the child's performance or circumstances, and strategies that support or compromise performance

2. Discovering and addressing new or existing needs/concerns of the family

3. Providing suggestions to support performance in all areas of the child's life

4. Exchanging strategies discovered with other team members (including family members)

C. Treatment

1. Remediation—improve play and self care through enhancement of sensorimotor, new muscular, postural, cognitive, and psychosocial skills

2. Compensation—develop alternative ways to perform (eg, positioning, adaptive equipment, orthoses, sensory motor diet)

3. Prevention—avoid secondary complications

4. Characteristics of treatment—intensity, frequency, duration

5. Intervention model (home, center, day care) direct consultation

6. Consultation (family, day care provider, center personnel)

D. Advocacy and Support for Family and Child

1. Attending planning/review meetings
2. Researching literature, intervention strategies, and other service providers to provide family with information for choice making
3. Accompanying family members (at their request) to other agencies, treatment/classroom, doctor/clinic appointments
4. Exchanging strategies/ideas with other team members as well as teachers, other care providers etc.

For Parents/Families add:

5. Contacting teachers, doctors, other care providers and sharing information and/or participating in problem solving

E. Referrals to Other Providers

1. To meet the range of family- identified needs
2. To provide the best match in services for what the family wants
3. At transition times (age, move, change in needs)
4. To encourage interviewing possible service providers

For Families add:

5. Encourage families to dialogue, interview doctors and other health professionals for a good match and meaningful/useful information

OT/PT Module

Part 3: A Framework for Early Intervention

I. SYNOPSIS OF INFORMATION SHARED IN OTHER GROUPS

CONTENT SUMMARY: A condensed version of the major points covered in the OT/PT content for the other three areas (HCP, SLP, and Families) will be discussed.

GOAL: OT/PTs will learn the information that was shared with group of families and professionals.

1, 2

A. An OT/PT Might Be Consulted For

1. General information regarding sensorimotor development and function
2. Specific information about the sensorimotor development and function of a particular child
3. Assessment and possible intervention

B. Sensory Motor Cues for Referral

1. Motor skill delays and/or disorders
2. Sensory processing disorders

C. Components and Purpose of an OT/PT Assessment

1. Motor function

a. What skills can the child do or not do? Is there any delay?

b. How does the child perform these skills? What is the quality of these skills? Is there any disorder?

c. Why might the child be doing things that way?

2. Sensory processing/integration function

   a. What types of sensorimotor experiences does the child prefer or avoid?

   b. How does the child use them to act on and in the environment?

   c. Why might the child be responding that way?

D. How Sensorimotor Delays/Disorders are Described by OT/PT

1. Sensory integrative dysfunction/disorder

   a. Sensorimotor integration dysfunction/ disorder

   b. Visual/motor integration dysfunction

   c. Developmental dyspraxia/apraxia

   d. Sensory defensiveness

   e. Sensory processing disorder

      1) poor registration

      2) poor modulation of sensory input

      3) poor sensory integration

2. Motor delay

3. Motor disorder

   a. Central nervous system dysfunction

   b. Neuromotor dysfunction

   c. Motor disability

4. Explanation of other diagnostic information (psychological, medical, educational, family, etc.) and the relationship to sensorimotor function

E. Information Needed by OT/PT From Other Team Members

1. From the family

a. Situations/contexts in which the child participates (eg, home, day care, pre school)

1) role child plays in the family

2) play preferences and skills

3) social relationships

b. Functional abilities expected of the child throughout the day.

1) mobility requirements

2) motor skill requirements

3) activities of daily living requirements

c. Family information

1) relevant family circumstances

2) expectations of child's performance

3) beliefs and values regarding sensorimotor skill

4) expectations of intervention

d. Concerns regarding the child's sensorimotor performance

1) Where does the child perform best/ where does the child have the most difficulty?

2) What does the child do best/what is most difficult?

3) What supports/compromises the child's performance?

2. From the Speech and Language Pathologist

a. Explanation of the child's communication skills that may have an impact on sensorimotor development, function and performance.

1) auditory processing

2) hearing

3) following directions and problem solving

4) oral motor skills/sensitivities/eating

5) play skills

6) how to give instructions

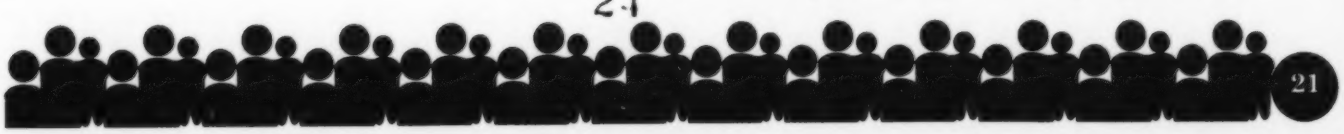
7) auditory screening (figure ground)

8) culturally related language

9) social interaction skills

10) non-verbal communication skills

11) developmental speech/language levels



b. Information regarding best means of communication with the child

1) sign language/gestures/nonverbal communication

2) simplifying language

3) auditory processing/time

4) touch/visual cues

5) communication board

6) giving instructions

7) auditory screening (figure groundg)

8) culturally related language

c. Information/explanation regarding SLP assessment

1) oral motor

2) feeding

3) respiratory support

4) praxis

5) social and cognitive foundations for language

6) play

3. From the Health Care Professional

a. Explanation of medical diagnoses and pathophysiology and their impact on sensorimotor development and/or function

1) verbal explanation and referral to resource materials

2) precautions for specific treatment strategies

a) positioning

b) movement

c) weight bearing

3) collaboration on medications, surgeries, etc. relevant to sensorimotor function

b. Information regarding prognosis of medical condition(s)

1) temporary dysfunction (eg., Guillian-Barre)

2) progress expected in condition (eg., ADD/ADHD, peripheral nerve damage)

3) static dysfunction (eg., brain injury)

4) degenerative (eg., Muscular Dystrophy)

c. Information/explanation regarding medical findings

1) location of damage/dysfunction

2) implications on overall function

3) indications for treatment (medical or therapy)

d. Pertinent nutritional concerns

1) growth

2) ingestion, digestion, elimination

3) allergies

e. Expected effects and possible side effects of medication

1) relationship to sensorimotor function, learning, and behavior

2) things to watch for related to effective dosage

3) collaboration to achieve overall increase in performance

f. Therapeutic considerations, including surgery and implications

1) collaboration regarding treatment possibilities

2) pre & post operation strategies

3) coordination/review of interventions

F. In an ongoing collaboration with an OT/PT

1. Information

a. Sensorimotor development

b. Sensorimotor implications of specific diagnoses

c. Resources

d. OT and PT

e. Therapy approaches

f. Sensorimotor activities to promote communication

g. Positioning to promote use of augmentative communication devices

h. Combined intervention

2. Continual reassessment of the child's needs and progress

a. Document changes in the child's performance or circumstances and strategies that support or compromise performance

b. Discovering and addressing new or existing needs/concerns of the family

c. Providing suggestions to support performance in all areas of the child's life

d. Exchanging strategies discovered with other team members (including family members)

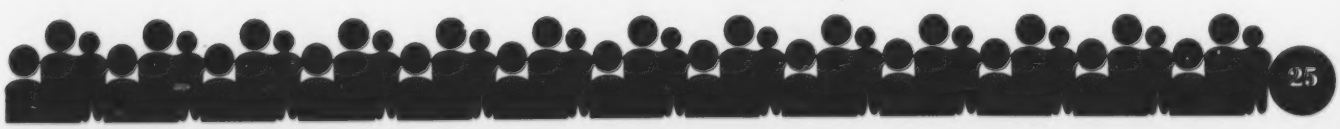
3. Treatment

a. Remediation—improve/correct sensorimotor abilities and functioning; improve play and self care through enhancement of sensorimotor, cognitive, and psycho social skills

b. Compensation—develop alternative ways to perform (i.e., positioning, adaptive equipment, orthoses, sensory motor diet)

c. Prevention—avoid secondary complications

d. Characteristics of treatment (intensity, frequency, duration)



e. Intervention mode (home, center, day care) direct consultation

f. Consultation (family, day care provider, center personnel)

4. Advocacy and support for family and child

a. Attending planning/review meetings

b. Researching literature, intervention strategies, service providers to provide family with information for choice making

c. Accompanying family members (at their request) to other agencies, treatment/ classroom, doctor/clinic appointments

d. Contacting teachers, doctors, other health care providers and providing information or helping them problem solve situations/ providing strategies for specific situations

5. Referrals to other providers

a. To meet the range of family identified needs

b. At transition times (age, move, change in needs)

c. To provide the best match in services for what the family wants

d. To encourage families to seek out, dialogue, and interview doctors and other health care professionals to find a match and gather information, as well as encourage doctors, speech and language pathologists and health care professionals to dialogue with families

II. WHAT DO OTHER TEAM MEMBERS WANT FROM OT/PTs?

CONTENT SUMMARY: Content will depend upon the discussion with each of the groups.

GOAL: OT/PTs will understand and discuss what professionals need from them to make a team that is supportive of families.

Use chart sheets that were posted in each discipline group.

Fill in outline below with notes from the discussion.

A. Families

1.

2.

3.

B. Speech and Language Pathologists

1.

2.

3.

C. Health Care Professionals

1.

2.

3.

III. APPLICATION OF OT/PT EXPERTISE TO THE PERFORMANCE COMPETENCE MODEL

CONTENT SUMMARY: The Performance Competence Model provides us with windows to understand how children interact with their environment. Each area of the model will be discussed in OT/PT-related performance parameters. The family's influence is pervasive; family is not a "factor" in the model, but an "overlay" for the model.

GOAL: OT/PTs will be able to describe performance factors related to sensory motor function in terms of the Performance Competence Model to prepare the participants for the team case study activities.

A. Givens

1. Predispositions

2. Basic biological drives

B. Underlying Factors for Producing an Efficient Adaptive Response

1. Internal self regulatory functions

2. Purposive system

3. Ability to achieve, change, and maintain state of arousal

4. Freedom and control of movement

5. Orientation to stimulus

6. Discrimination

7. Attention (or selective attention)

8. Integration of multiple sensory input

C. Developmental Sequence

1. Comfort/safety
2. Confidence
3. Risk taking
4. Competence

D. What we Think, Feel and Do

1. Spiritual
2. Emotional
3. Intellectual
4. Physical

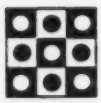
E. Environment and Culture

1. Quality of life
2. Membership
3. Personal sense of competence

IV. CASE STUDY APPLICATION TO PERFORMANCE COMPETENCE MODEL

CONTENT SUMMARY: Participants will discuss specific aspects of three different children's performance in relation to the Performance Competence Model. (See game cards in Introductory Module.)

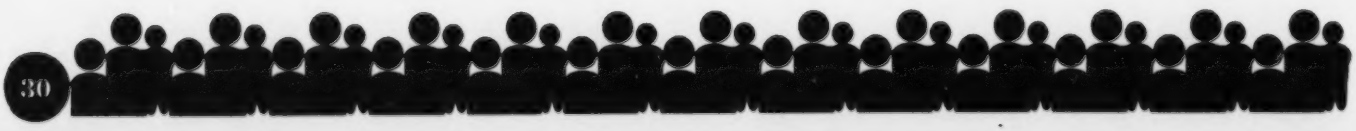
GOAL: OT/PTs will use mini-case studies to practice the use of the model to provide information about the performance of young children for other team members within a common framework.



A. Newborn—A Child Prenatally Exposed to Drugs/Alcohol

B. 1 year old—A Child with Down Syndrome

C. 2 year old—A Child with Delayed Language Development



OVERHEADS

&

HANDOUTS

OT/PT

WHAT MAY BE NOTICED

MOTOR FUNCTION ISSUES

Movement Concerns

- "unusual", "different", "funny" quality
- poor coordination, clumsy, awkward
- poor balance
- weak, poor strength
- poor endurance, tires easily
- one-sided
- poor reaching & grasping control, poor eye-hand coordination
- unusual gait pattern, i.e. walking on toes, limping, wide-based
- difficulty figuring out how to move
- strong reaction to certain positions &/or movements

Muscle and Nerve Problems

- abnormal muscle tone; too high, low, fluctuating
- stiff, floppy
- paralysis

Orthopaedic Problems

- decreased joint range of motion arthrogryposis
- joint pain & inflammation
- in-toeing, bowlegged, knock knees...

Concerns in Performance of Self-Help Skills and Activities of Daily Living Skills (ADL)

- feeding difficulties
- dressing difficulties
- bathing difficulties
- toileting difficulties
- play difficulties

SENSORY FUNCTION ISSUES

Sensory Awareness &/or Response

- over or under awareness &/or responsivity
- slow processing
- poor registration
- poor sensory integration
- sensory defensiveness

Avoidance of or Negative Reaction To Sensory Motor Events

- touch
- movement & gravity
- auditory
- taste
- smell
- visual
- pain

Seeks an Unusual Amount / Type of Sensory Input and/or Sensory Motor Experiences

- touch
- movement & gravity
- auditory
- unusual risk taking behavior
- taste
- smell
- visual
- pain

"Difficult Babies"

- sleep problems
- colic
- irritability
- feeding problems
- growing problems
- difficult to console
- hard to cuddle / handle
- difficult bonding

Sleep Concerns

- too much, too little, going to sleep or staying asleep

Behavior Concerns

- excessive tantrums, irritability
- excessive fearfulness, over dependence
- withdrawn, depressed, "victim"
- difficulty with changes in routine
- aggressive
- in own world
- unusual affect, few cues (e.g. facial expressions)
- stereotypic/self stimulation behaviors
- attention problems

Activity Level(s)

- too high and/or too low
- extreme shifts

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OT/PT ASSESSMENT CONTENT

Sensory motor abilities/ skills	Factors influencing Quantity and Quality of Sensory Motor Abilities	
• Oral motor • Gross motor • Fine motor • Visual motor • Praxis • Ability to achieve, change, and maintain situation appropriate state • How child uses sensory information to explore and interact with their world • Attention (vigilant, sustained, and monitored) • Activities of daily living skills (feeding, dressing, bathrooming, bathing, play) • Play schemes, skills & themes • Drive to move (curiosity, exploration, endurance)	• Range of motion • Muscle tone & joint stability (passive & active) • Weight bearing • Weight shifting • Antigravity (flexion, extension, lateral flexion, rotation) • Strength • Endurance • Stability • Mobility • Stability/mobility balance • Balance (static & dynamic) • Midline stability • In, across & around midline skills • Reciprocal movement • Bilateral integration • Compensatory patterns • Need for positioning • Praxis • Coordination • Involuntary movements	• Purpose for movement • Purposeful movement • Automatic reactions • Reflexes • Respiratory control • Range of motion • Need for adaptive equipment, orthoses • Need for positioning • Sensory registration, processing, and discrimination • Activity levels • Visually directed movements • Personal sensory motor likes/dislikes • Organization/planning/ execution of movement • Modulation of sensory input • Sensory integration • Sleep/wake cycles • Bonding patterns • Suck/swallow/breathe synchrony • Irritability/consolability

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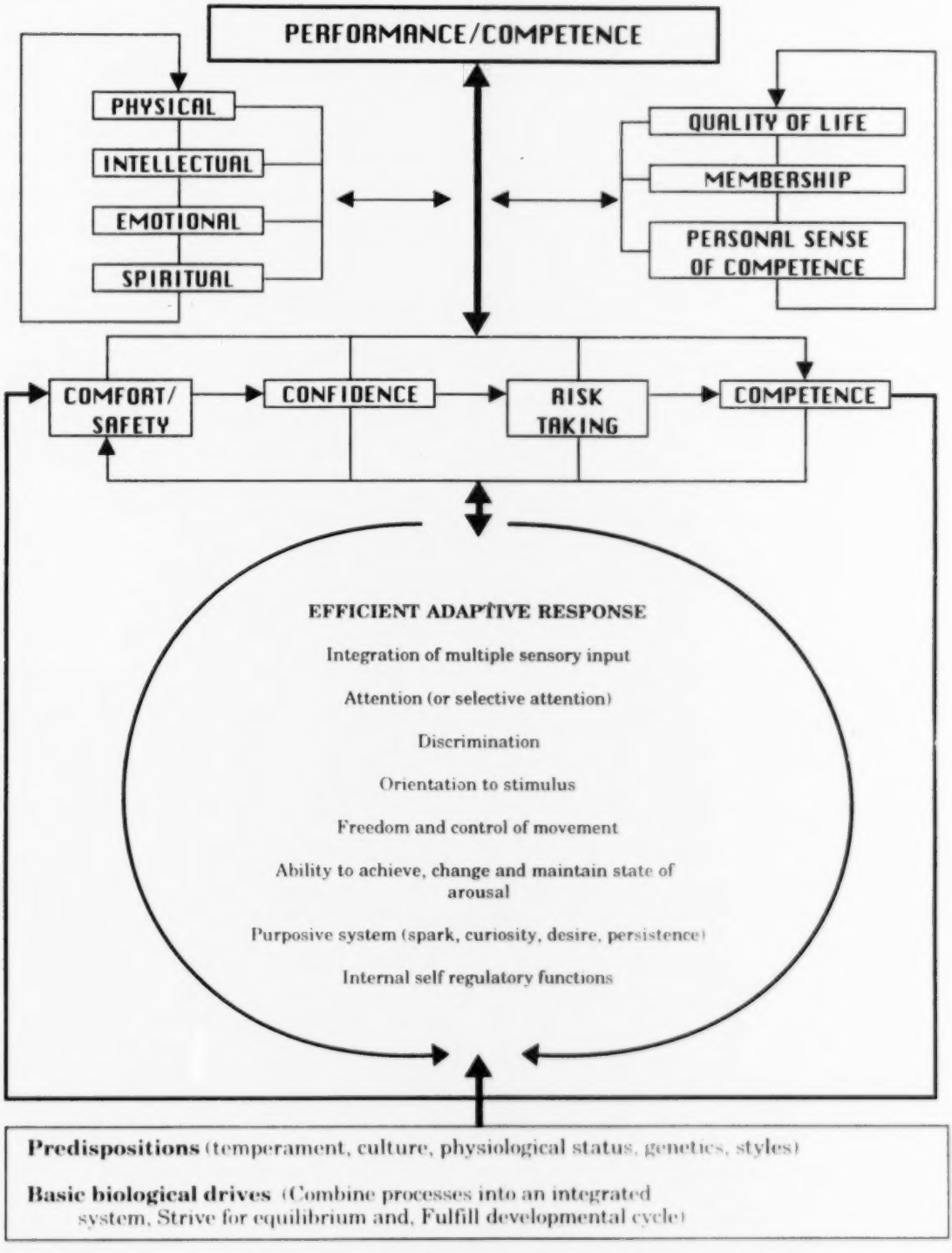

Oetter & StevensDominguez, 1991, Training Unit, UAP/UNM